## Case 14-34740 Doc 6 Filed 11/26/14 Entered 11/26/14 16:31:28 Desc Main UNITED STATES BANKROPT CY COURT DISTRICT OF MINNESOTA

								Page 1 APTER 13 PLAN		
In Ke:	Kelly	DeShaw Martenso	n,				CHAPTER			
		XXX-XX-9439 XXX-XX-					Dated: <u>N</u> o	ovember 17, 2014		
		Debtor. In a joint case, debtor means debtor.	s in this plan.				Case No.	No		
1. DEBT	TORS PAY	MENTS TO TRUSTE	E —							
<ul><li>b. After 1</li><li>\$24,000</li><li>c. The det</li><li>d. The de</li></ul>	the date of  The nebtor will a  ebtor will p	ninimum plan length is	pay the trustee $\frac{3}{4}$ 36 or $\frac{X}{4}$ 60 s	$\frac{6400}{6400}$ permonths from	ne 1(b) + line 1	e initial plan payment unle	ss all allowed claims are	he order for relief for a total of e paid in a shorter time. The trustee may collect a fee of		
up to 10%	6 of plan pa	ayments, or approximatel	y <b>\$1,680</b>	[line 1(d) x	.10].					
	al property	ROTECTION PAYME			onth one (1).	romptly pay from availabl Number of Payments	TOTA	nolding allowed claims secured  AL  MENTS		
<ul><li>a. None</li><li>b</li><li>c. TOTA</li></ul>			_ _	<u>\$</u>		<u></u>	\$ \$			
provision  Credite a. None b.  5. CLAI filed direct	s, if any, are or e	re set forth in ¶ 7.	Description on the followill retain liens, if	ving claims	are current and	ebtor assumes the following the following the debtor will pay the p	<u></u>	e after the date the petition was		
Creditor a. None	2		Descri <sub>j</sub>	ption of Pro	pperty		<u>.</u>			
b							<u>.</u>			
real prope	erty that is will retain		sidence. The debt	or will pay	the payments to will pay the act	that come due after the da		ed only by a security interest in directly to the creditors. The   **TOTAL** PAYMENTS**		
a. None	2		\$	\$ •			- Caymenas	\$ \$		
b	AL.		<u>\$</u> <u>\$</u>	<u>\$</u>			_	\$ \$ \$		
payments <i>claims sh</i>	that come all be paid	due after the date the pas filed, unless the cour	etition was filed	directly to t	the creditors T	The creditors will retain lie	ens, if any. All followi	pelow. The debtor will pay the ing entries are estimates,. The		
Credito	or	Amount of Default	Int. rat (if appl		Monthly Payment	Beginning in Month #	Number of Payments	TOTAL PAYMENTS		
a. None		<b>\$</b>	(i) appl	icuvie)	\$	<u>πιοπιπ</u>	1 dyments	\$ \$		

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8. OTHER SECURE secured claims, the amo payment of the underlying CE CLAIM FILED BELL.	ount set forth in the ng debt determined	"Total Paym under nonba	nents" co nkruptcy	lumn, below law, or unti	The crediton of	ors will retain of payments	n liens securing th under the plan. N	e allowed so OTWITHST	ecured claim ANDING A	as until the earlier of the A CREDITOR'S PROOF		
OF CLAIM FILED BEE CREDITOR PURSUAN ALLOWED SECURED SHALL THEN PAY TH	NT TO 11 U.S.C. CLAIM. SUCH (	§ 1327 AND CREDITOR I	CONFII MAY FII	RMATION ( LE A SECU	OF THE PLA RED CLAIM	N WILL BI FOR LESS	E CONSIDERED THAN THE AMO	A DETERN OUNT LIST	MINATION ED BELOV	OF THE CREDITOR'S V AND THE TRUSTEE		
SHALL THEN FAT IT	IE LESSEK AMOU	JNI. II NO	SECUKI	Beginning		(Number	Payments		(Adequate	ED.		
	Claim	Secured	Int.	in	(Monthly		= on Accoun	nt +	Protection	TOTAL		
	Amount	Claim	Rate	Month #	Payment)	Payments,	."		from ¶ 3)	PAYMENTS		
a. Wings Financial	\$ \$ 14,330 \$	\$14,358 ¢	2.9	<u>6</u>	\$ 372 \$	<u>42</u>	\$15,476	<u>)                                    </u>	<u>\$0</u>	\$15,476 \$		
b	<u>\$</u>	<u>\$</u>			<u>\$</u>		<u>ф</u>	_	Φ	<u>\$</u>		
c. d. <b>TOTAL</b>	Ψ	Ψ			Ψ		<u>\$</u>	_	Ψ	\$15,476		
9. PRIORITY CLAIM		ll pay in full a	all claims	entitled to p	oriority under	§ 507, inclu	ding the following	. The amou	nts listed ar	<u>re estimates</u> . The trustee		
will pay the amounts act	Estimatea	l		Monthly		Beginning	g in	Number of	•	TOTAL		
Creditor	Claim			Payment		Month #	,	Payments		PAYMENTS		
a. Attorney Fees	<u>\$1,500</u>			<u>\$372</u>		_1		5	:	<u>\$1,500                                   </u>		
b. Domestic Support	\$			\$					:	<u>\$</u>		
c. Internal Revenue Ser	vice \$			\$					:	<u>\$</u>		
d. MN Dept. of Revenu	e <u>\$</u>			\$					:	<u>\$</u>		
e	<u>\$</u>			\$						\$		
f. TOTAL				~						\$1,500 		
10. SEPARATE CLA				S — In addi	tion to the cla	ass of unsec	ured creditors spe	cified in ¶ 1	1, there sha	ll be separate classes of		
nonpriority unsecured cr				477 4 *	7 7	· .		_				
The trustee will pay the		_		s. All entrie						mom		
Creditor	Int. Rate (if any)		Claim Amount		Monthly Payment		Beginning in Month #	Number of Payments		TOTAL PAYMENTS		
a. None	(II ally)		\$		\$		monin n	1 dymenis		\$		
b.		5	\$		\$	•				\$		
c. TOTAL		•				•				\$		
b. The debtor estima	and 10(c)].  That is that the total unites that the debtor insecured claims are a UNSECURED C BE PAID to the holons -The trustee in claim whether file it estated. Property	asecured claims total unsecure \$22,835  REDITORS Iders of nonprimay distributed as priority of the estate	ns held b red claim [L - All mo riority un e addition or secure vests in	y creditors lins (excluding ine 11(a) + loney paid by secured claim all sums not def. All lease the debtor u	sted in ¶ 8 are those in ¶ 8 a Line 11(b)]. the debtor to ms for which p expressly pro- es of real or p pon conversion	the trustee oproofs of clavided for he ersonal propon, dismissal	s \$22,835 under ¶ 1, but not im were tardily filerein at the trustee' terty by the debtor or discharge, who	distributed bed. s discretion. are hereby	Property ta assumed pu ses first. The	e under ¶ 2, 3, 6, 7, 8, 9, x claims and income tax rsuant to 11 U.S.C. Sec. e debtor shall pay to the		
SUMMARY OF PAYM	MENTS											
Trustee's Fee								\$ 1,680				
	age Defaults [Line	6(d)]						\$ 0				
Ç								\$ 0				
	efault [Line 7(b)]											
	d Claims [Line 8(d	-						\$15,476				
Priority Clair	ns [Line 9(f)]					• • • • • • • • • • • • • • • • • • • •		<u>\$ 1,500</u>				
Separate Clas	ss [Line 10(c)]							<u>\$ 0</u>				
Unsecured C	reditors [Line 11]							\$ 5,344				
TOTAL [mu	ıst equal Line 1(d)	]						<u>\$24,000</u>				
Name, Address, Telepho Craig W. Andre 2001 Killebrew	sen, #186557 Dr., Suite 15	7	or's Attoi	rney:	Ē	/e DEBTOF	· · · · · · · · · · · · · · · · · · ·	Shaw M	<u>artenson</u>	·		
Bloomington M	N 55425											
(952) 831-1995					_	/e	/ Client Na	me				
Local Form 3015-1						DEBTOR (if joint case)						